P. O. BOX 220

DALLAS 54733 Phone: (715) 837-1222	2	Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	50	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	39	Average Daily Census:	28

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	% <u> </u>	Less Than 1 Year	51. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	35. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	0.0	More Than 4 Years	12. 8
Day Services	No	Mental Illness (Org./Psy)	53. 8	65 - 74	5. 1		
Respite Care	No	Mental Illness (Other)	7. 7	75 - 84	35. 9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	51.3	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	7. 7	Full-Time Equivalen	t
Congregate Meals	No	Cancer	2. 6	<u> </u>	[Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	2. 6		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	7. 7	65 & 0ver	100. 0		
Transportation	No	Cerebrovascul ar	5. 1			RNs	10. 6
Referral Service	No	Di abetes	5. 1	Sex	%	LPNs	5. 1
Other Services	No	Respi ratory	0.0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	15. 4	Male	35. 9	Aides, & Orderlies	44. 7
Mentally Ill	No			Femal e	64. 1		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100. 0		
************	****	***********	*****	, *******	******	*********	*****

Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)			0ther]	Pri vate Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	1	3. 0	148	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	2. 6
Skilled Care	0	0.0	0	22	66. 7	127	0	0.0	0	6	100.0	136	0	0.0	0	0	0.0	0	28	71. 8
Intermediate				10	30. 3	107	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	25. 6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		33	100.0		0	0.0		6	100.0		0	0.0		0	0.0		39	100. 0

DALLAS HEALTHCARE CENTER, INC.

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01 Deaths During Reporting Period	
/ Nooding Total	
Weeding Total	
Percent Admissions from: Activities of % Assistance of % Totally Number of	
Private Home/No Home Health 23.1 Daily Living (ADL) Independent One Or Two Staff Dependent Residents	
Private Home/With Home Health 0.0 Bathing 0.0 87.2 12.8 39	
Other Nursing Homes 28.2 Dressing 41.0 46.2 12.8 39	
Acute Care Hospitals 43.6 Transferring 71.8 15.4 12.8 39	
Psych. HospMR/DD Facilities 0.0 Toilet Use 64.1 23.1 12.8 39	
Rehabilitation Hospitals 0.0 Eating 71.8 15.4 12.8 39	
0ther Locations 5.1 ***********************************	**
Total Number of Admissions 39 Continence % Special Treatments %	
Percent Discharges To: Indwelling Or External Catheter 2.6 Receiving Respiratory Care 12.8	
Private Home/No Home Health 17.6 Occ/Freq. Incontinent of Bladder 20.5 Receiving Tracheostomy Care 0.0	
Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 20.5 Receiving Suctioning 0.0	
Other Nursing Homes 17.6 Receiving Ostomy Care 0.0	
Acute Care Hospitals 2.9 Mobility Receiving Tube Feeding 0.0	
Psych. HospMR/DD Facilities 0.0 Physically Restrained 7.7 Receiving Mechanically Altered Diets 12.8	
Rehabilitation Hospitals 0.0	
Other Locations 2.9 Skin Care Other Resident Characteristics	
Deaths 58.8 With Pressure Sores 2.6 Have Advance Directives 97.4	
Total Number of Discharges With Rashes 5.1 Medications	
(Including Deaths) 34 Receiving Psychoactive Drugs 38.5	
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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

********************************** Ownershi p: Bed Size: Li censure: 50-99 Al l Thi s Propri etary Skilled Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds **56.** 0 82. 5 0.68 86. 4 0.65 85.8 0.65 84. 6 0.66 Current Residents from In-County 69. 2 74.3 0.93 69. 6 0.99 69. 4 1.00 77. 0 0.90 Admissions from In-County, Still Residing 33.3 19.8 1.68 19. 9 1.68 23. 1 1.44 20.8 1.60 Admissions/Average Daily Census 139.3 148. 2 0.94 133. 4 1.04 105. 6 1.32 128. 9 1.08 Discharges/Average Daily Census 121.4 146.6 0.83 132. 0 0.92 105. 9 1. 15 130.0 0.93 Discharges To Private Residence/Average Daily Census 21.4 58. 2 0.37 49. 7 0.43 38. 5 0.56 52.8 0.41 Residents Receiving Skilled Care 74. 4 92.6 0.80 90.0 0.83 89. 9 0.83 85. 3 0.87 Residents Aged 65 and Older 100 95. 1 1.05 94. 7 1.06 93. 3 1.07 87. 5 1. 14 Title 19 (Medicaid) Funded Residents 84.6 66.0 1. 28 1. 23 69.9 1.21 68. 7 1.23 68.8 Private Pay Funded Residents 22. 2 0.65 22.2 22.0 15. 4 0.69 23. 6 0.69 0.70 0.0 0.8 0.00 1.0 0.00 0.8 7. 6 0.00 Developmentally Disabled Residents 0.00 Mentally Ill Residents 61.5 31.4 1.96 36. 3 1.69 38. 5 1.60 33. 8 1.82 General Medical Service Residents 15. 4 23.8 0.65 21. 1 0.73 21. 2 0.72 19. 4 0.79 49.3 31.8 46. 9 0.68 47. 1 0.68 46. 4 0.69 0.65 Impaired ADL (Mean) Psychological Problems 38. 5 47. 2 0.81 49. 5 0.78 52.6 0.73 51. 9 0.74 Nursing Care Required (Mean) 4. 2 6. 7 0.63 6. 7 0.62 7.4 0. 56 7. 3 0. 57